



# HARRISON COUNTY SHERIFF'S DEPARTMENT

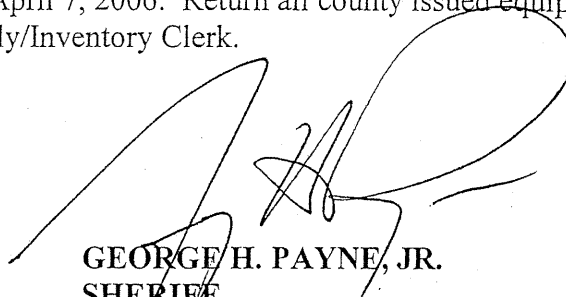
*George H. Payne, Jr.*  
Sheriff

Post Office Box 1480  
Gulfport, Mississippi 39502

**Personnel Order: 2006-0080**

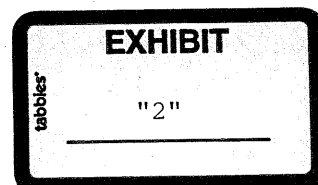
Subject: TERMINATION  
Date: APRIL 11, 2006  
To: REGINA RHODES

I have been advised of and approved your termination from the Harrison County Sheriff's Department, effective April 7, 2006. Return all county issued equipment and gear to Sherry Cruthirds, Supply/Inventory Clerk.

  
**GEORGE H. PAYNE, JR.**  
**SHERIFF**  
**HARRISON COUNTY, MISSISSIPPI**

GHP/plp  
cc

Personnel File  
Major Wayne H. Payne  
Captain Steve Campbell  
Major Dianne Riley  
Captain Rick Gaston  
Captain Rupert Lacy  
Captain Walter Pitts  
Lt. Joe Pevey  
Kendra Necaise, Payroll/Time  
Captain Windy Swetman  
Shirley Ross, Civil Service Commission  
Regina Leslie, Records  
Sherry Cruthirds, Inventory/ Property Administrator  
Dina Bates, Harrison County Personnel  
Rhonda Faul, Payroll  
Angela Blake, Chancery Clerk's Office



LEMMAS01

SHERIFF DEPT - PERSONNEL PROGRAM

LEWMAS01/HC

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BADGE NO: 192 5 SSN: 612029314 DOB: 4 - 2 - 1977 RACE: W SEX: F  
NAME: RHODES, REGINA LYNN BLEOST#: D01897  
PHYSICAL ADDRESS: 2107 RUSTWOOD DRIVE DL NUM:  
CITY: BILOXI ZIP: 39532 - HOME NO: 3889050  
MAILING ADDRESS: SAME AS ABOVE  
CITY: ZIP: - PAGER NO:  
DATE HIRED: 5 - 17 - 2004 DATE TERMINATED: 04 - 07 - 2006 EMPLOYMENT TYPE: F  
DIVISION: JA RANK: OFFICER HIGHEST SCHOOL YEAR COMPLETED: 12 VET(Y/N): N

## NEXT OF KIN:

NAME: RHODES, ROGER K RELATIONSHIP: FATHER  
ADDRESS: 2107 RUSTWOOD DR  
CITY: BILOXI , MS ZIP: 39532 - HOME NO.: 3889050  
EMPLOYER: VA BILOXI 5235721  
REMARKS:

ENTER THE APPROPRIATE DATA

Last Name <i>Rhodes</i>		First Name <i>Regina</i>		Middle Initial	
Address	Number	Street	City	State	Zip Code
Social Security Number <i>61210219314</i>		Home Phone		Work Phone	Date of Birth
Driver's License Number		Type	Expiration Date	<input type="checkbox"/> Valid <input type="checkbox"/> Restricted <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended	

Check One: <input type="checkbox"/> Female <input type="checkbox"/> Male	Check One of the following: (Marital Status) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Spouse Employed	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check One of the following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander	
EEO Job Category	EEO Job Function	Impairment Type (If any)
Foreign Languages?	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> Certified

Military Service Branch:	<input type="checkbox"/> Prior Service <input type="checkbox"/> Active Reserves <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Inactive Reserves
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Department Name <i>Sheriff's Dept</i>	Account Number <i>001</i>	Fund <i>-211</i>	Dept <i>-432</i>	Obj.	Active Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title <i>Officer</i>	Worker's Comp Code		Last Raise Date		
Employee Pay Status <i>Full Time</i>	Pay Type <input type="checkbox"/> H <input type="checkbox"/> S	Current Pay Rate \$	Proposed Pay Rate \$		

Emergency Notification	Relationship	Telephone Number
Address	Number	Street
City		State Zip Code

Comments:
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Employee

Department Head

*George Payne Sheriff*  
 Department Head

JHCFO01